

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 0 5

2. STATE:

GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.90; 416.25-49; 416.165

7. FEDERAL BUDGET IMPACT:

a. FFY '03 \$ 521,883  
b. FFY '04 \$ 526,271

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, p. 3a2

Attachment 4.19-B, p. 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, p. 3a2

Attachment 4.19-B, p. 6

10. SUBJECT OF AMENDMENT:

AMBULATORY SURGICAL CENTER SERVICES AND BIRTHING CENTER SERVICES

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mark Trail

14. TITLE:

Director, Division of Medical Assistance

15. DATE SUBMITTED:

August 22, 2002

16. RETURN TO:

Department of Community Health  
Division of Medical Assistance  
2 Peachtree Street, N.W.  
Atlanta, GA 30303-3159**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

August 29, 2002

18. DATE APPROVED:

October 22, 2002

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Hugh Webster for Rhonda Cottrell

21. TYPED NAME:

Rhonda R. Cottrell

22. TITLE:

Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

6.e. AMBULATORY SURGICAL CENTER SERVICES

10-1-87 Ambulatory surgical center (ASC) services are covered under Section 1905(a)(18) as any other medical care, and any other type of remedial care recognized under state law, specified by the Secretary.

Limitations

For ambulatory surgical centers, services are limited to those procedures that can be safely done outside of the inpatient hospital setting as determined by Medicare and the state agency policy.

Services are provided by distinct entities that operate exclusively for the purpose of providing surgical services to eligible recipients not requiring hospitalization.

Services are provided to outpatients.

Services are provided by facilities that meet requirements of 42 CFR 416.25 through 416.49.

Ambulatory surgical centers are recognized by state law under OCGA Section 31-7-1(1)(D).

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TN No. 02-005

Supersedes Approval Date 10-22-02 Effective Date 10-1-02

TN No. 91-45

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POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES  
FOR OTHER TYPES OF CARE OR SERVICES

o. Ambulatory Surgical Center Services and Birthing Center Services

1. Reimbursement for surgical procedures performed in the center is limited to the ASC facility fee as determined by Medicare with the exception of dental procedures that are reimbursed at Medicaid designated rates.
2. Reimbursement for the facility vaginal delivery fee will not exceed the amount that Medicare would reimburse. The facility fee payment for delivery services is made at the Group Four (4) ASC surgical reimbursement rate for the geographical area in which the billing facility is located. Rate adjustments are based on changes made in the ASC facility fee assigned for the group. The payments for related services provided by dentists, physicians or physician extenders are made under other Medicaid service programs.
3. Effective for dates of service July 1, 1994 and after, a \$3.00 recipient co-payment is required on all ASC facility services. Pregnant women, recipients under twenty-one (21) years of age, nursing home residents, and hospice care recipients, are not required to pay the co-payment. Emergency services and family planning services are exempt from a co-payment.

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TN No. 02-005

Supersedes Approval Date 10-22-02 Effective Date 10-1-02

TN No. 94-029